

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 6008

☐ Check if different than previously reported. (ACC)

PROVIDENCE

RI

02940

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00268987

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 28 2012

through

M M M / D D D / Y Y Y Y Y Y
12 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Q. Williamson

Signature of Treasurer

Mary Q. Williamson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 04 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 28 / 2012 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		11830.50
(b) Cash on Hand at Beginning of Reporting Period.....	6777.00	
(c) Total Receipts (from Line 19)	1696.50	13143.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8473.50	24973.50
7. Total Disbursements (from Line 31)	1000.00	17500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7473.50	7473.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
11 28 2012

To:

M M / D D / Y Y Y Y Y
12 31 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

843.00

1768.00

(ii) Unitemized

853.50

11375.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1696.50

13143.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1696.50

13143.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))**

1696.50

13143.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1696.50

13143.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	17500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	17500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	17500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1696.50	13143.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1696.50	13143.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jill Andy

Mailing Address 3 Fletcher Way

City State Zip Code
 Norton MA 02766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amica Mutual Insurance Company

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : SA11AI.4954

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Robert Benson

Mailing Address 29 Melrose Avenue

City State Zip Code
 Barrington RI 02806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amica Mutual Insurance Company

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. Peter H Cameron

Mailing Address 10 Meadow Glen Drive

City State Zip Code
 Lincoln RI 02865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amica Mutual Insurance Company

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : SA11AI.4965

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

72.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas Cook

Mailing Address 53 Eben Chamberlain Road

City State Zip Code
Whitinsville MA 01588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amica Mutual Insurance Company

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2012

Transaction ID : SA11AI.4968

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Lisa DeCubellis

Mailing Address 165 Medway Street
Apt. 2

City State Zip Code
Providence RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amica Mutual Insurance Company

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2012

Transaction ID : SA11AI.4970

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. Robert DiMuccio

Mailing Address 6 Intervale Drive

City State Zip Code
Cumberland RI 02864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amica Mutual Insurance Company

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2012

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

129.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Stephen Dolan

Mailing Address 8 Ridgeland Drive

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Peter Drogan

Mailing Address 7 Wildwood Lane

City

South Walpole

State

MA

Zip Code

02071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. William Fitzgerald

Mailing Address 56 Varnum Avenue

City

Bristol

State

RI

Zip Code

02809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael Gillerlane

Mailing Address 84 Ashley Lane

City State Zip Code
 Colchester CT 06415

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amica Mutual Insurance Company

Occupation
 Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Susan Haney

Mailing Address 90 Walmer Avenue

City State Zip Code
 East Providence RI 02914

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amica Mutual Insurance Company

Occupation
 Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. David Kenny

Mailing Address 7 Iron Hollow Road

City State Zip Code
 Sharon MA 02067

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Amica Mutual Insurance Company

Occupation
 Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2012

Transaction ID : SA11AI.4984

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

78.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Joyce LaBanca

Mailing Address 17 Cady Street

City

Johnston

State

RI

Zip Code

02919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Life Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5020

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. James P. Loring Jr.

Mailing Address 46 Rocky Woods Road

City

Hopkinton

State

MA

Zip Code

01748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Louis Mazza Jr.

Mailing Address 24 Veil Court

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Life Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5021

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

93.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James McDermott Jr.

Mailing Address 78 Newell Drive

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Life Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5022

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Lisa Melton

Mailing Address 22 Peters Lane

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. Patrick Moonan

Mailing Address 43 Rose Hill Drive

City

Cranston

State

RI

Zip Code

02920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

72.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Peter Moreau

Mailing Address 69 Turnstone Drive

City

Attleboro

State

MA

Zip Code

02703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4992

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Theodore Murphy

Mailing Address 516 Black Plain Road

City

North Smithfield

State

RI

Zip Code

02896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4994

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. Donald Murray

Mailing Address 13 Buckboard Drive

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.4995

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mary Ann Palumbo

Mailing Address 60 Parkhurst Road

City

Warwick

State

RI

Zip Code

02889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Michael Petrarca

Mailing Address 778 Hammet Road

City

Coventry

State

RI

Zip Code

02816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5002

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. Paul Pyne

Mailing Address 5 Downing Street

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5005

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

72.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James Ruegg

Mailing Address 16 Pine Street

City

North Providence

State

RI

Zip Code

02911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Life Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5025

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. William Schwab

Mailing Address 227 Country Club Drive

City

Warwick

State

RI

Zip Code

02888

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Gregory Smolan

Mailing Address 1 Shelter Lane

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5010

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Robert Suglia

Mailing Address 115 Dana Road

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5012

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Meredith Taylor

Mailing Address 115 North Quiddnessett Road

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5013

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. Sean Welch

Mailing Address 73 Pine Wood Road

City

North Stonington

State

CT

Zip Code

06359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amica Mutual Insurance Company

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5015

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

93.00

TOTAL This Period (last page this line number only)..... ►

843.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMICA MUTUAL INSURANCE COMPANY/FED-POLITICAL ACTION COMMITTEE

A. DAVID N CICILLINE

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '12' with 4 segments lit. The second display shows '11' with 5 segments lit. The third display shows '2012' with 10 segments lit. The displays are separated by slashes.

Transaction ID : SB23.5027

Amount of Each Disbursement this Period

CICILLINE COMMITTEE

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00